

MESA VISTA, INC
394 WEST 400 NORTH
OREM UT 84057
STATE'S REGION CODE: 001

PROVIDER #: 46G006
PHONE NUMBER: (801) 225-9292
PARTICIPATION DATE: 07/25/1979

FACILITY BEDS
TOTAL: 54
CERTIFIED: 54

TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: PRIVATE PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/03/2005	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 54
TOTAL: 54	BEGINNING: 11/01/2005	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 08/31/2006	-- -- --
MEDICAID: 0	EXTENSION:	54
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 09/26/2005

PRIOR 3 SURVEY 09/2002	PRIOR 2 SURVEY 08/2003	PRIOR 1 SURVEY 08/2004	CURRENT SURVEY 08/03/2005	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
			X C	08/31/2005	STD W0108-COMPLIANCE WITH SAFETY LAWS
X	X				STD W0109-COMPLIANCE WITH SANITATION LAWS
	X				COP * W0122-CLIENT PROTECTIONS
	X				STD * W0127-CLIENTS NOT SUBJECTED TO ABUSE, PUNISHMENT
	X				STD W0129-CLIENTS PROVIDED WITH PERSONAL PRIVACY
	X				STD W0153-ALLEGATIONS OF ABUSE REPORTED IMMEDIATELY
	X				STD W0156-RESULTS REPORTED WITHIN 5 WORKING DAYS
	X				STD W0163-QMRP - BACHELORS DEGREE IN PROFESSIONAL CATEGORY
		X			STD * W0189-EMPLOYEE TRAINING PROVIDED
		X			STD W0237-TRAINING PROGRAM SPECIFIES TYPE OF DATA
X					STD * W0242-PROGRAM PLAN INCLUDES TRAINING IN PERSONAL SKILLS
	X				STD * W0252-ACCOMPLISHMENT OF CRITERIA DOCUMENTED IN MEASURABLE TERMS
		X			STD * W0257-IPP REVIEWED, REVISED WHEN CLIENT FAILS TO PROGRESS
			X C	09/09/2005	STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
		X			STD W0352-PERIODIC EXAM, DIAGNOSIS AT LEAST ANNUALLY
	X		X C	08/26/2005	STD W0418-CLEAN, COMFORTABLE MATTRESS
		X			STD W0426-WATER TEMPERATURE NOT TO EXCEED 110 DEGREES (F)
					STD W0486-STAFF DIRECT SELF - HELP DINING PROCEDURE

PRIOR 3 SURVEY 09/2002	PRIOR 2 SURVEY 07/2003	PRIOR 1 SURVEY 08/2004	CURRENT SURVEY 08/03/2005	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			X C	09/09/2005	K0012-CONSTRUCTION TYPE
	X				K0017-CORRIDOR WALLS
		X			K0029-HAZARDOUS AREAS - SEPARATION
X					K0046-EMERGENCY LIGHTING
		X			K0050-FIRE DRILLS
		X			K0052-TESTING OF FIRE ALARM
X	X	X	X F		K0054-SMOKE DETECTOR MAINTENANCE
X					K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	09/09/2005	K0061-MAIN SPRINKLER CONTROL
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0076-MEDICAL GAS SYSTEM
		X			K0130-OTHER
		X			K0143-OXYGEN TRANSFER REQUIREMENTS
		X			K0147-EMERGENCY PLAN
		X			K0154-AUTOMATIC SPRINKLER SYSTEM
		X			K0155-FIRE ALARM SYSTEM OUTAGE REQUIREMENTS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	1	0
STANDARD	6	15	10	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	2	3	1
HEALTH TOTAL	3	5	9	2
LIFE SAFETY CODE	3	10	2	4
LIFE SAFETY CODE + HEALTH	6	15	11	6

STATUS OF DEFICIENT COPS
CURRENT SURVEY

DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/01/2003	UNSUBSTANTIATED
12/22/2003	UNSUBSTANTIATED
07/29/2004	UNSUBSTANTIATED
11/08/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY